PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09460700													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			74		. "		ſ	RATI		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ı	BASIC I	EΕ	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20=		. 67			X\$ 9	=		OR	X\$18=	
INDEPENDENT CLAIMS			– n	ninus 3 =	. 2			X40:			OR	X80=	
MUI	TIPLE DEPEN	DENT CLAIM PI	RESENT										
* If the difference in column 1 is less than zero, enter "0" in column 2								+135	_		OR	+270=	
								TOTA	L		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMA	L L E	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			. —	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 244	Minus	/	95	= 49		X\$ 9	=	44/0	ЮR	X\$18=	
	Independent	. 5	Minus	5		=		X40	-		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						•	+135	_		OR	+270=	
									TAL	44/00	OR	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	•	ADDIT. I	EE	. 110		ADDIT. FEE	
AMENDMENT B	,	CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREVI	HEST MBER HOUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		FATE	ADDI- TIONAL FEE
	Total	•	Minus	••]=		X\$ 9)=		OR	X\$18=	
ME	Independent	•	Minus	•••		=]	X40	-		OR	X80=	
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 105			1	+270=	
+135=											OR	TOTAL	
									FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS			ımn 2) HEST	(Column 3	ኒ			4001	1		ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER TOUSLY D FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9)=		OR	X\$18=	į
	Independent	•	Minus	***		<u> </u> =	1	X40	=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	+135			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE											1	TOTAL	
**	If the "Highest No	imber Previously F imber Previously I mber Previously P	Paid For IN	THIS SPACE	is less th	an 3, enter "3."	1	ADDIT.	FEE		OR ox in a	ADDIT. FEE olumn 1.	:L

Application or Docket Number